

Massachusetts Department of Environmental Protection

Rideshare Program, 310 CMR 7.16

2006 RIDESHARE PROGRAM UPDATE REPORT

The Massachusetts Rideshare Regulation, 310 CMR 7.16 (5), requires facilities to provide updated data on how their commuting population commutes to work. Facilities that are filing an annual update of their base report must fill out this form.

Α.	Facility Information		Contact Person:	
	Facility Name		Telephone: ()	
	Facility Street Address ¹	City/Town	State	Zip Code
В.	Facility Applicability and Sections of F	orm to C	omplete	
	1. Facility Applicability. Provide the numbers require	red below:	See Guidance on Compl Regulation for help with t	
	Total number of commuters ² : Total number	mber of <i>appli</i> d	able commuters ³ :	
	2. Sections of Form to Complete. See the informat	tion below to	determine which sections of the for	rm you must complete.
	Non-Educational Facilities		Sections of Form to	Complete
	◆ Facilities with 249 or less applicable commuters.		◆ Sign Section I.	
	 ◆ Facilities with a DEP Operating Permit and 250 or mapplicable commuters 	nore	◆ Complete entire form.	
	◆ Facilities <u>without</u> a DEP Operating Permit Program a applicable commuters	and 250 to 99		r facility in the future. may also complete the
	 Facilities <u>without</u> a DEP Operating Permit Program a more applicable commuters 	and 1,000 or	• Complete entire form.	
	Educational Facilities		Sections of Form to	Complete
	◆ Facilities with 999 or less applicable commuters		♦ Sign Section I.	
	◆ Facilities with 1,000 or more applicable commuters		◆ Complete entire form	l.
C.	Summary Information on Commute Da	ita Collec	ion Method	
	Commute Data Collection Week. Select one week collected the data: Fromto		ommute data and indicate the date	es that your facility
	2. Total Number of Applicable Trips. Calculate the	total number	of possible trips:	
	# Work Days in Data Collection Week x _ Total # of Possible Trips b			

¹ Please attach a list of all building locations within walking distance or a one mile radius.

[&]quot;Commuters" refers to all employees at the facility. For educational facilities, this includes all employees and students.

"Applicable commuters" refers to applicable employees. Applicable employees work 17 hours or more per week for 20 weeks or more per year; begin and complete their workday between 6 a.m. and 8 p.m.; and, use their vehicle during work hours less than five times a month. For educational facilities, "applicable commuters" refers to applicable employees and students. Applicable students are: full-time students and live off campus; scheduled to begin and complete their classes between 6 a.m. and 8 p.m.; and need their vehicles for class assignments or after-school work less than five times a month.

⁴ Facilities using the Random Sample method, enter the number of applicable commuters in your sample size.



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3.	$ \textbf{Commute Data Collection Method}. \ \ \text{See } \textit{Guidance on Collecting Commute Data} \ \text{for a detailed description of each survey method}. \ \ \text{Please check } \ \square \ \ \text{the commute data collection method your facility used:} $
	☐ Census Survey (your facility distributed surveys to <i>all</i> applicable commuters)
	☐ Random Sample Survey (your facility distributed surveys to a randomly selected sample of applicable commuters)
	☐ Direct Count (your facility counted applicable commuters in vehicles entering parking lots and all other means of collecting commute data)
4.	Description of Commute Data Collection Method
	Census Survey Method:
	Include a description of how your facility conducted the census survey and collected data on applicable commuter commute trips. If your facility used a survey form other than the enclosed commute survey forms to obtain the commute data please attach the survey to this report.
	Random Sample Survey Method: Include a description of how your facility conducted the random sample survey and collected data on applicable commuter commute trips. If your facility used a survey form other than the enclosed commute survey forms to obtain the commute data, please attach the survey to this report. In accordance with the method described in the Guidance on Collecting Commute Data, please provide the:
	Number of applicable commuters your facility was required to sample Sample skip interval Sample's random number start
	<u>Direct Count Method:</u> Include a description of how your facility conducted the direct count. Explain what transportation records were reviewed to obtain direct count commuter data.



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5.	Commute Data Collection Method Response Rate. Please provide the response rate your facility obtained with its
	commute data collection method. Count only those surveys completed by applicable commuters. Please refer to
	Guidance on Collecting Commute Data for details on the minimum response rate for each method.

a. Census Survey Method	a.	Census	Survey	Method
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# of Applicable Commuters Responding to Survey		Total # of Applicable Commuters at Facility	_			Census Survey Response Rate
	÷		X	100	=	%
Random Sample Survey Metho	d.					
# of Applicable Commuters in Sample Responding to Survey		Total # of Applicable Commuters in Sample				Random Sample Survey Response Rate
	÷		X	100	=	%

c. Direct Count Method.

# of Applicable Commuters Counted		Total # of Applicable Commuters at Facility				Direct Count Response Rate	
	÷		Χ	100	=		%

D. Summary of Commute Data (SCD) Forms

Use the table below to determine the *Summary of Commute Data (SCD) Form* your facility must complete based upon your commute data collection method and response rate. <u>You must submit your SCD form to DEP with this report.</u>

If your facility used the	And you ob	tained commute data from	You count your non-responders by using	
Census Survey	≥ 90% of your	applicable commuters	SCD Form 1	
or Direct Count Method ≥ 75% but < 90% of your applicable com	0% of your applicable commuters	SCD Form 2		
Westled	≥ 50% but 1. your facility opts to implement one additional drive-alone trip reduction your incentive in addition to the incentives already implemented ⁵		SCD Form 2	
	commuters and	your facility opts NOT to implement an additional trip reduction incentive ⁶	SCD Form 3	
Random Sample Survey	' ' ' '		SCD Form 4	
Method	≥ 90% of the a	applicable commuters in your sample	SCD Form 4	

See the list of Optional Drive-Alone Trip Reduction Incentives in the Guidance on Collecting Commute Data for a list of bicycling incentives, work schedules and other incentives that your facility may opt to put into place.

⁶ Selecting this option will increase your facility's number of drive-alone commute trips (DACTs). On Form 3, non-responder commuters are counted as drive-alone commuters. This will increase the number of DACT reductions your facility needs to meet its 25% DACT reduction goal.

E. Implementation, Publicity, and Maintenance of Drive-Alone Trip Reduction Incentives

1. Status of Drive-Alone Trip Reduction Incentives. In the table below, check ☑ which incentives your facility currently implements, publicizes, and maintains. Estimate the number of trip reductions that have been achieved, if any, since the facility filed its base report. The table lists the incentives that are required by 310 CMR 7.16(1).

All facilities must implement, publicize, and maintain trip reduction incentives a, b and c.

Facilities that are located within one mile of public transit must also implement, publicize, and maintain trip reductio
incentives d, e and f.
Is your facility located within one mile of public transit? Yes □ No □

Facilities with 1000 or more applicable commuters must also offer trip reduction incentive g.

Does your facility have 1000 or more applicable commuters? Yes ☐ No ☐

Required Drive-Alone Trip Reduction Incentive	Does your facility currently implement this incentive?	Does your facility currently publicize this incentive?	Does your facility currently maintain this incentive?	Estimated number of drive-alone commute trip (DACT) reductions achieved from incentive(s) since filing your Base Report. ⁸
a. Conduct carpool matching	Yes □ No □	Yes □ No □	Yes □ No □	
b. Designate preferential parking for carpools (and vanpools, if required)	Yes □ No □	Yes 🗆 No 🗅	Yes 🗆 No 🗖	
c. Establish bicycling incentives	Yes □ No □	Yes □ No □	Yes □ No □	
d. Provide transit passes	Yes No No N/A	Yes □ No □ N/A □	Yes □ No □ N/A □	
e. Post bus schedules, rates and routes	Yes □ No □ N/A □	Yes No N/A	Yes □ No □ N/A □	
f. Negotiate with bus providers	Yes □ No □ N/A □	Yes □ No □ N/A □	Yes □ No □ N/A □	
g. Conduct vanpool matching	Yes □ No □ N/A □	Yes □ No □ N/A □	Yes No N/A	
h. Other:	Yes □ No □	Yes □ No □	Yes □ No □	
Other:	Yes □ No □	Yes □ No □	Yes □ No □	
	Reduction	es a. through h. Estimated to ons Achieved Since Filing Ba e "# DACT Reductions" in Se	ase Report. This should	

F. Description of Trip Reduction Incentives

Attach a detailed description of how each incentive has been implemented, publicized, and maintained. For any incentives not yet implemented, include the date that the incentive will be implemented within 30 days. For "negotiate with bus providers", please detail the request for improved service (by letter, telephone, or meeting), the date of the request, and to whom the request was made.

⁷ Only educational facilities with 1000+ applicable employees are required to conduct vanpool matching.

⁸ This is an estimate of the increase of DACT reductions since your facility's base year. Do not double count DACT reductions associated with more than one incentive.

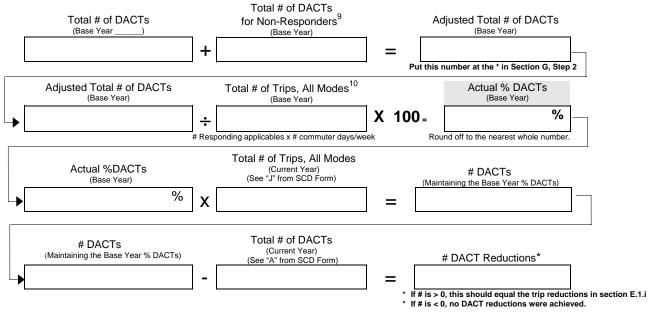


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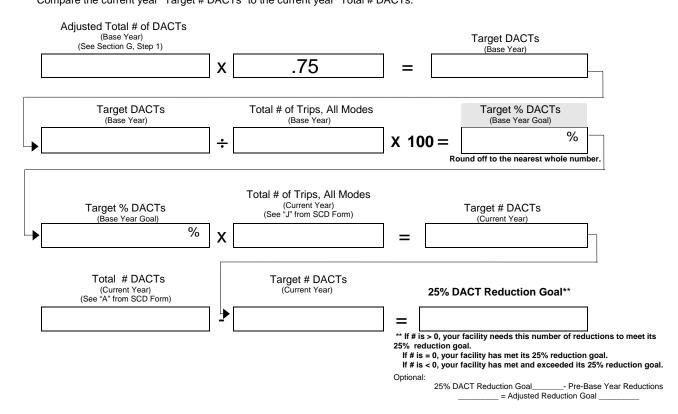
G. Current Year Reductions of Drive-Alone Commute Trips (DACTs)

Step 1. Calculate the DACT reductions at your facility since the base year. This calculation accounts for any employment number changes at your facility and compares the number of DACTs in the current year to the number of DACTs in the base year. Use your facility's Rideshare Program Base Year Report and current year Summary of Commute Data Form (SCD) to complete this section.



Step 2. Calculate the number of DACTs your facility needs to meet its 25% base year reduction goal.

Compare the current year "Target # DACTs" to the current year "Total # DACTs."



Facilities with 1995-1997 base reports, enter "0". Facilities with 1998-1999 base reports, see Section B. Facilities with 2000-2005 base reports and used Summary of Commute Data Forms 3 or 4, enter "0".

¹⁰ Facilities with 1995-1997 base reports, see section D. Facilities with 1998-1999 base reports, see Section B. Facilities with 2000-2005 base reports and used Summary of Commute Data Forms 3 or 4, see "J" for this number.



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H. Additional Rideshare Program Information (Optional)

Please provide estimated costs for the start-up implementation, publicity, and maintenance of each required trip reduction incentive.

I. Certification Statement

I certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments and supporting information and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Signature of Responsible Official	Title		Date
Print Name	()_ Telephone Number		
Business Mailing Address	City/Town	State	Zip Code
E-mail Address			

Submit this form by December 31, 2006 to:

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Massachusetts Rideshare Program
One Winter Street
Boston, Massachusetts 02108

If your facility was required to collect commuter data, submit your *Summary of Commute Data* form along with a sample copy of your survey/direct count form. Any questions? Call the Massachusetts Rideshare Program at 617-292-5663.